

Employment Eligibility Verification

Department of Homeland Security U.S. Citizenship and Immigration Services

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the <u>Instructions</u>.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

| Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer. | | | | | | | | | | | |
|---|--|--|---|--|--|---|--------------------------------------|----------------|---------------------|------------------------|------------------|
| Last Name (Family Name) | | First Nan | ne (Giver | n Name |) | Middle I | Initial (if any |) Other Las | t Names Us | ed (if any) | |
| Address (Street Number an | id Name) | | Apt. Nu | mber (if | any) City or Tow | 'n | | 1 | State | ZIP | Code |
| Date of Birth (mm/dd/yyyy) | U.S. Soc | cial Security Numb | er | Emplo | oyee's Email Addres | SS | | | Employee | 's Telephor | e Number |
| I am aware that federa provides for imprisonr fines for false stateme use of false document connection with the cc this form. I attest, und of perjury, that this inf including my selectior attesting to my citizen immigration status, is correct. Signature of Employee | nent and/or nts, or the s, in ompletion of ler penalty ormation, n of the box ship or | 1. A citizer 2. A nonci 3. A lawfu | n of the l tizen nat I perman tizen (oth Numbe | Jnited S ional of ent resi ner thar e r 4. , en | the United States (dent (Enter USCIS I Item Numbers 2. | See Instru or A-Num and 3. abo | ictions.) ber.) bove) authoriz | zed to work ur | ntil (exp. dat | e, if any) | structions.): |
| If a preparer and/or tr | anslator assist | ed you in comple | ting Sec | ction 1, | that person MUST | complet | e the Prepa | rer and/or Tr | anslator Ce | ertification | on Page 3. |
| business days after the e authorized by the Secreta | Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions. | | | | | | | | | | |
| | | List A | | OR | Li | st B | | AND | | List C | |
| Document Title 1 | | | | | | | | | | | |
| Issuing Authority | | | | | | | | | | | |
| Document Number (if any) | | | | | | | | | | | |
| Expiration Date (if any) | | | | | | | | | | | |
| Document Title 2 (if any) | | | | Add | litional Informat | ion | | • | | | |
| Issuing Authority | | | | | | | | | | | |
| Document Number (if any) | | | | | | | | | | | |
| Expiration Date (if any) | | | | | | | | | | | |
| Document Title 3 (if any) | | | | | | | | | | | |
| Issuing Authority | | | | | | | | | | | |
| Document Number (if any) | | | | | | | | | | | |
| Expiration Date (if any) | | | | (| Check here if you us | sed an alte | ernative proc | cedure author | ized by DHS | S to examin | e documents. |
| Certification: I attest, unde employee, (2) the above-lis best of my knowledge, the | ted documenta | ition appears to b | e genui | ne and | to relate to the em | | | | First Da (mm/dd/ | y of Employ /yyyy): | rment |
| Last Name, First Name and ⁻ | Title of Employe | r or Authorized Re | presenta | ative | Signature of En | nployer or | Authorized | Representativ | ve | Today's Da | ate (mm/dd/yyyy) |
| Employer's Business or Organization Name Employer's Business or Organization Address, City or Town, State, ZIP Code | | | | | | | | | | | |

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a

combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

| LIST A Documents that Establish Both Identity | | LIST B | LIST C | | |
|--|----|--|--|--|--|
| and Employment Authorization | OR | Documents that Establish Identity Al | ND Authorization | | |
| 1. U.S. Passport or U.S. Passport Card | - | Driver's license or ID card issued by a State or outlying possession of the United States | A Social Security Account Number card, unless the card includes one of the following restrictions: | | |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | (1) NOT VALID FOR EMPLOYMENT | | |
| Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa | | ID card issued by federal, state or local government agencies or entities, provided it | (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION(3) VALID FOR WORK ONLY WITH | | |
| Employment Authorization Document that contains a photograph (Form I-766) | - | contains a photograph or information such as name, date of birth, gender, height, eye color, and address | 2. Certification of report of birth issued by th | | |
| 5. For an individual temporarily authorized | | 3. School ID card with a photograph | Department of State (Forms DS-1350, FS-545, FS-240) | | |
| to work for a specific employer because of his or her status or parole: | | 4. Voter's registration card | 3. Original or certified copy of birth certificate | | |
| a. Foreign passport; and | | 5. U.S. Military card or draft record | issued by a State, county, municipal authority, or territory of the United States | | |
| b. Form I-94 or Form I-94A that has the following: | | 6. Military dependent's ID card | bearing an official seal 4. Native American tribal document | | |
| (1) The same name as the | | 7. U.S. Coast Guard Merchant Mariner Card | 5. U.S. Citizen ID Card (Form I-197) | | |
| passport; and (2) An endorsement of the | | 8. Native American tribal document | 6. Identification Card for Use of Resident | | |
| individual's status or parole as long as that period of | | Driver's license issued by a Canadian government authority | Citizen in the United States (Form I-179) | | |
| endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or | | For persons under age 18 who are unable to present a document listed above: | 7. Employment authorization document issued by the Department of Homeland Security | | |
| limitations identified on the form. | | 10. School record or report card | For examples, see <u>Section 7</u> and <u>Section 13</u> of the M-274 on | | |
| Passport from the Federated States of Micronesia (FSM) or the Republic of the | | 11. Clinic, doctor, or hospital record | <u>uscis.gov/i-9-central</u> . The Form I-766, Employment | | |
| Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | 12. Day-care or nursery school record | Authorization Document, is a List A, Item Number 4. document, not a List C document. | | |
| | 1 | Acceptable Receipts | - L | | |
| May be prese | | t in lieu of a document listed above for a For receipt validity dates, see the M-274. | | | |
| Receipt for a replacement of a lost, stolen, or damaged List A document. | OR | Receipt for a replacement of a lost, stolen, or damaged List B document. | Receipt for a replacement of a lost, stolen, or damaged List C document. | | |
| Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. | | - | | | |
| Form I-94 with "RE" notation or refugee stamp issued to a refugee. | | | | | |

*Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement A OMB No. 1615-0047 Expires 05/31/2027

| Last Name (Family Name) from Section 1. | First Name (Given Name) from Section 1. | Middle initial (if any) from Section 1. |
|---|---|---|
| | | |

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| Signature of Preparer or Translator | Date (<i>mm/dd/yyyy</i>) | | | | |
|-------------------------------------|----------------------------|--------------------------|--|-------|--------------------------------|
| | | | | | |
| Last Name <i>(Family Name)</i> | First I | Name <i>(Given Name)</i> | | | Middle Initial <i>(if any)</i> |
| Address (Street Number and Name) | | City or Town | | State | ZIP Code |

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| Signature of Preparer or Translator | Date (<i>mm/dd/yyyy</i>) | | | | |
|-------------------------------------|----------------------------|-------------------|--|-------|--------------------------------|
| | | | | | |
| Last Name (Family Name) | First I | Name (Given Name) | | | Middle Initial <i>(if any)</i> |
| Address (Street Number and Name) | | City or Town | | State | ZIP Code |
| | | | | | |

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| Signature of Preparer or Translator | | | Date (mm | /dd/yyyy) | |
|-------------------------------------|-------|-------------------|----------|-----------|--------------------------------|
| Last Name (Family Name) | First | Name (Given Name) | | | Middle Initial <i>(if any)</i> |
| Address (Street Number and Name) | | City or Town | | State | ZIP Code |

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| Signature of Preparer or Translator | | | Date (mn | n/dd/yyyy) | |
|-------------------------------------|---------|--------------------------|----------|------------|--------------------------------|
| Last Name <i>(Family Name)</i> | First N | Name <i>(Given Name)</i> | | | Middle Initial <i>(if any)</i> |
| Address (Street Number and Name) | 2 | City or Town | | State | ZIP Code |

Supplement B,



Reverification and Rehire (formerly Section 3)

USCIS Form I-9 Supplement B

Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB No. 1615-0047 Expires 05/31/2027

| Last Name (Family Name) from Section 1. | First Name (Given Name) from Section 1. | Middle initial (if any) from Section 1. |
|---|---|---|
| | | |
| | | |

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

| Date of Rehire (if applicable) | New Name (if applicable) | | | | |
|--------------------------------|--|------------------------------|---|------------------------|---|
| Date (mm/dd/yyyy) | Last Name (Family Name) | | | Middle Initial | |
| | ee requires reverification, you prization. Enter the document | | present any acceptable List A o pelow. | or List C documenta | tion to show |
| Document Title | | Document Number (if any) | | Expiration Date (if an | y) (mm/dd/yyyy) |
| | | | yee is authorized to work in to be genuine and to relate to | | |
| Name of Employer or Authorize | ed Representative | Signature of Employer or Aut | horized Representative | Today's Date | (mm/dd/yyyy) |
| Additional Information (Initi | al and date each notation.) | | | | vou used an cedure authorized mine documents. |
| Date of Rehire (if applicable) | New Name (if applicable) | | | | |
| Date (mm/dd/yyyy) | Last Name (Family Name) | | First Name (Given Name) | | Middle Initial |
| | ee requires reverification, you prization. Enter the document | | present any acceptable List A o pelow. | or List C documenta | tion to show |
| Document Title | | Document Number (if any) | Expiration Date (if any) (mm/dd/yyyy) | | |
| | | | oyee is authorized to work in to be genuine and to relate to | | |
| Name of Employer or Authorize | ed Representative | Signature of Employer or Aut | horized Representative | Today's Date | (mm/dd/yyyy) |
| Additional Information (Initi | al and date each notation.) | | | | you used an cedure authorized mine documents. |
| Date of Rehire (if applicable) | New Name (if applicable) | | | | |
| Date (mm/dd/yyyy) | Last Name (Family Name) | | First Name (Given Name) | | Middle Initial |
| | ee requires reverification, you prization. Enter the document | | present any acceptable List A o pelow. | or List C documenta | tion to show |
| Document Title | | Document Number (if any) | | Expiration Date (if ar | y) (mm/dd/yyyy) |
| | | | oyee is authorized to work in to be genuine and to relate to | | |
| Name of Employer or Authorize | ed Representative | Signature of Employer or Aut | horized Representative | Today's Date | (mm/dd/yyyy) |
| Additional Information (Initi | al and date each notation.) | 1 | | | you used an cedure authorized mine documents. |